

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH 860	
County of <u>Pima</u>	BUREAU OF VITAL STATISTICS	139	State Index No.
District of _____	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>166</u>
Town of <u>Miami</u>	Local Registrar's No. _____		
or _____	(No. <u>305</u> <u>Lincoln</u> St.; _____ Ward)		
City of _____	FULL NAME OF CHILD <u>Benjamin Carrd Wilson</u>		Born } YES Alive } <u>NO</u>
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
Legitimate? <u>Yes</u>		Date of Birth <u>June 28</u> 191 <u>5</u>	(Month) (Day) (Yr.)
Full Name <u>Leonard Smith Wilson</u>		Full Maiden Name <u>Cara May Stott</u>	
FATHER		MOTHER	
Residence <u>Miami</u>		Residence <u>Miami</u>	
Color or Race <u>White</u>	Age at last Birthday <u>44</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>34</u> (Years)
Birthplace <u>American</u>		Birthplace <u>American</u>	
Occupation <u>Electric pump-man</u>		Occupation <u>Housewife</u>	
Number of child of this mother... <u>9</u>	Number of children, of this mother, now living... <u>9</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>28th June</u> 191 <u>5</u> , at <u>5:10</u> A.M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>J. D. Miller</u>	(Attending physician, midwife, householder,*)
Given or christian name added from a supplemental report _____ 191_____		Address <u>Miami, Ariz.</u>	
COUNTY REGISTRAR.		Filed <u>June 30</u> 191 <u>5</u>	LOCAL REGISTRAR
		Filed <u>July 5</u> 191 <u>5</u>	COUNTY REGISTRAR.